MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09939

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville
(If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Perryville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Milton Morris Baldwin

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Edith M. Baldwin
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): December 13, 1880

8. AGE: Years	Months	Days	If less than one day
66	10	29	hrs. min.

9. Birthplace: Baltimore Co., Md
(Town, county, and state)
10. Usual occupation: Policeman
11. Industry or business: Penna. Rail Road
FATHER 12. Name: George F. Baldwin
13. Birthplace: Md.
MOTHER 14. Maiden name: Annie E. Forsythe
15. Birthplace: Md.
16. Informant: Edith M. Baldwin
Address: Perryville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 13, 1947 (month) (day) (year)
Cemetery or crematory: Angel Hill
Location: Havre De Grace, Md. Rural
16. Funeral director: Veale Cattus & Son
Address: Perryville, Md.
19. Nov. 11th 1947 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 11th 1947 at 1.25 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 1 1947, to November 11 1947
and that I last saw h alive on November 10 1947

	DURATION
Immediate cause of death: Cerebral Haemorrhage	11 da
Due to: Hypertension	1 yr
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw, M. D. or other
Address: Perryville, Md. Date signed 11/11/47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

09940

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

1. PLACE OF DEATH:

County Cecil

City or town Rural Elkton R.D.4
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Rural Elkton R. F. D.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME George B. Barnett

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Elizabeth Barnett

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15th 1864

8. AGE: Years	Months	Days	If less than one day
83	3		hrs. min.

9. Birthplace Chester Co. Pa.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Jonathan Barnett

13. Birthplace Chester Co. Pa.

MOTHER 14. Maiden name Elizabeth Nostella

15. Birthplace Chester Co. Pa.

16. Informant Anthony Barnett

Address Oxford Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 29-1947 (month) (day) (year)

Cemetery or crematory Oxford

Location Oxford Pa.

18. Funeral director Hel. Rogers

Address Oxford Pa

19. Nov 29 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1947 at 2 m M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Nov 28 1947

and that I last saw h... alive on Nov 28 47 1947

Immediate cause of death Coronary Occlusion — DURATION 1 Day

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. B. Watson M.D.
M. D., or other

Address Oxford Pa Date signed 11-29-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

CERTIFICATE OF DEATH

BC 09949 4
Reg. Diat. No.

MV

1. PLACE OF DEATH

County: Cecil

City or town: North East Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Traveling

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 413 Liberty Heights Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓ ✓

3. (a) FULL NAME Thomas LeRoy Baugher.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Single.

B.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 17, 1896

8. AGE: Years	Months	Days	If less than one day
51	5	26	hrs. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Live Stock Broker

11. Industry or business

FATHER
12. Name: J Harry Baugher
13. Birthplace: Balto, Md

MOTHER
14. Maiden name: Byrnina Dennard
15. Birthplace: Balto, Md

16. Informant: I Barley Baugher
Address: 117 Osborn Ave - Catonsville, Md

17. Burial. Date thereof: Nov. 15/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Druid Hill Cemt

Location: Pikesville Cemt Md.

18. Funeral director: H W Rogers

Address: Elkton, Md

19. Nov 13 1947 Lizzie V. Evans
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12 1947 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 to 19
and that I last saw h alive on 19

Immediate cause of death: Fractured skull. Crushed R side of Chest, Fractured right hip.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? Accident Date of 11/12-47.

Where did injury occur? North East RD Cecil Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where)? Route 40

Means of injury: Automobile Injured at work?

23. SIGNATURE: R LeDodson MD Medical Examiner for Cecil County
M. D. or other

Address: Perryville Md Date signed: 11-12-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09942

46e

Reg. Diat. No. 45

1. PLACE OF DEATH:

County Cecil

City or town Rising Sun · Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? allegd

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Rising Sun · Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural – Between Rising Sun & Sylmar

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William J. Boyle.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Married

6.(b) Name of husband or wife Florence Boyle

6.(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1865

8. AGE:	Years	Months	Days	If less than one day
	81	1	16	hrs. min.

9. Birthplace Chester Co. Pa. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name Lewis Boyle

13. Birthplace Conowingo, Md.

MOTHER 14. Maiden name Mary E. Ewing

15. Birthplace Conowingo, Md.

16. Informant Florence Boyle

Address Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-29-47 (month) (day) (year)

Cemetery or crematory West Nottingham

Location Colora, Md.

18. Funeral director Ralph M. Reed

Address Rising Sun, Md.

19. Date rec'd by registrar Nov. 26, 1947 Registrar

Permit issued 11-26-47

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1947, at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Carcinoma of Sigmoid J.	
Due to Uremic Deleroris	
Due to (	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. L. Dodson M.D. (Medical Examiner for Cecil County)

Address Rising Sun Md Date signed 11-25-47 M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926 09943

CERTIFICATE OF DEATH

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Ceilton
(If ontside city or town limits, write RURAL and give nearest towo)
How tong in above place of death?
Hospital, institution, or street address where death occurred:
How tong in hospitat or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For oewborn infants give resideoce of mother)
State Md County Cecil
City or town Ceilton
(If ontside city or town limits, write RURAL aod give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Varina Aldham Davis

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Widowed

6.(b) Name of husband or wife Naylor Davis
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 16, 1863

8. AGE: Years 84 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Zion Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name George W. Aldham
13. Birthplace Md

MOTHER 14. Maiden name Mary Cavera
15. Birthplace Md

16. Informant Mr. Henry Davis
Address Ceilton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 17 1947 (mooth) (day) (year)

Cemetery or crematory Ceilton
Location Ceilton Md.

18. Funeral director Edward F. Collour
Address Millington Md.

19. Nov 17 19 47 Mrs Hazel W. Cheyney Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13th 19 47 at 4:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 19 47 to 13 Nov 19 47 and that I last saw h alive on 13 Nov 19 47

Immediate cause of death	DURATION
Cerebral hemorhage	1 Day.
Due to Chronic hypertension	10 years.
Due to Arteriosclerosis	10 years
Other conditions Mitral insufficiency	10 years.

(Incinde pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please uoderline the cause to which death shoold be charged statistically.

22. VIOLENCE: If death was due to external causes, fill lo the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, lodustry, pubitc place (where?)
Means of injury Injured at work?

23. SIGNATURE Allen R Crockley M. D.
M. D. or other
Address Middletown, Del Date signed Nov 16-1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

09944

CERTIFICATE OF DEATH

Reg. Diat. No. 95

1. PLACE OF DEATH:
County: Cecil
City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks.
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Rossville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John. Robert. Dodson.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Widower

6.(b) Name of husband or wife: Elizabeth Dodson.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 22. 1864

8. AGE: Years: 83 | Months: | Days: 10 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: Retired Farmer.

11. Industry or business

FATHER
12. Name: George W. Dodson.
13. Birthplace: Talbot Co Md.

MOTHER
14. Maiden name: Sarah. Casey.
15. Birthplace: Baltimore Md.

16. Informant: R. le Dodson MD
Address: Rising Sun Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 5 1947 (month) (day) (year)
Cemetery or crematory: Zions Lutheran Cem
Location: Stemmers Run Md.

18. Funeral director: J. E. Tyson
Address: Rising Sun md.

19. Nov 3- 47 (Date rec'd by registrar) 19.... Registrar

Permit issued 11-3-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1 1947, at 10.50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1947, to Nov. 1 1947
and that I last saw h... alive on 11-1-47. 19....

Immediate cause of death	DURATION
Carcinoma of stomach.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: R le Dodson MD
M. D. or other
Address: Rising Sun Md Date signed 11-2-47.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 09945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: Cecil

County

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 102 Hollingsworth Manor

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME James Ellwood Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	-

6.(b) Name of husband or wife -

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7. 1947

8. AGE: Years | Months 3 | Days | If less than one day hrs. min.

9. Birthplace: Elkton Cecil Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: James Elwood

FATHER 13. Birthplace: Elkton RD 1

MOTHER 14. Maiden name: Kathrine Fraser

MOTHER 15. Birthplace: Scranton Pa

16. Informant: William Ellwood

Address: Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 18, 1947 (month) (day) (year)

Cemetery or crematory: Catholic Cemetery

Location: Elkton Md

18. Funeral director: H. W. Price

Address: Elkton Md

19. Nov 18 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15 1947, at 6 a.m. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 15 1947, to Nov 18 1947, and that I last saw him alive on November 15 1947

Immediate cause of death	DURATION
(a) Lobar pneumonia	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James J Johnson M.D.

M. D. or other

Address 76 E High St, Elkton Md Date signed Nov 18 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46b

09946

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 38 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 113 Stockton

(If rural, give LOCATION)

2.(a) If veteran, name war --

3.(a) FULL NAME Walter Leslie Everett

3.(b) Social Security Number 213-05-3466

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Mary Manda Everett *

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) September 12, 1876

8. AGE: Years	Months	Days	If less than one day
71	2	15	..... hrs. ..... min.

8. Birthplace Norristown, Penna

(Town, county, and state)

10. Usual occupation Papermaker

11. Industry or business Paper mill

FATHER 12. Name John R. Everett

13. Birthplace Penna

MOTHER 14. Maiden name Mary Gourley

15. Birthplace Penna

16. Informant John R Everett

Address 114 East High St., Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3, 1947 (month) (day) (year)

Cemetery or crematory Methodist

Location Cherry Hill, Maryland.

18. Funeral director Joseph R. Grant

Address North East, Maryland.

19. Dec 2 1947 (Date rec'd by registrar) J R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1947, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930, to Nov. 29 1947

and that I last saw h.. alive on Nov. 29 1947

Immediate cause of death	DURATION
Carcinoma of Stomach Primary	1 year
Due to	
Due to	
Other conditions Arteriosclerosis General	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Herbert Bailey, M.D. M. D. or other

Address Elkton, Md. Date signed Dec 1 - 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09947

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perryville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Perryville, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Henry Harrison Founds

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Clara McCush Founds

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 2, 1875

8. AGE: Years	Months	Days	If less than one day
72	6	6	hrs. min.

9. Birthplace: Cecil Co., Md.

(Town, county, and state)

10. Usual occupation: Freight Brakeman

11. Industry or business: Penna. R.R.

FATHER 12. Name: John W. Founds

FATHER 13. Birthplace: Cecil Co., Md.

MOTHER 14. Maiden name: Hannah E. Murphy

MOTHER 15. Birthplace: Cecil Co., Md.

16. Informant: Clara McCush Founds

Address: Perryville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11, 1947 (month) (day) (year)

Cemetery or crematory: St. Marks

Location: Perryville, Md. Rural

16. Funeral director: Lewis Patterson & Son

Address: Perryville, Md.

19. Nov. 10 1947 (Date rec'd by registrar) Irma E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 8 1947, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 24 1947, to November 8 1947

and that I last saw h... alive on November 8 1947

	DURATION
Immediate cause of death: Cerebral Haemorrhage	2 wks
Due to: Hypertension	3 yrs
Due to: General Arteriosclerosis	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw M. D. or other

Address: Perryville Md Date signed: 11/9/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09948

CERTIFICATE OF DEATH

Reg. Diat. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: E. Main St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Earlville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John F George

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 1907

8. AGE: Years	Months	Days	If less than one day
40	2	28	hrs. min.

9. Birthplace: Delaney Delaware (Town, county, and state)

10. Usual occupation: Grader State Road Md

11. Industry or business

MOTHER FATHER 12. Name: Joseph A George

13. Birthplace: Galt md

MOTHER 14. Maiden name: Lena C Wagner

15. Birthplace: Delaware

18. Informant: Lewis W. George

Address: Rockland Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 19 1947 (month) (day) (year)

Cemetery or crematory: Cecilton

Location: Cecilton, Maryland

18. Funeral director: H W Pepper

Address: Elkton, Md.

19. Nov 18 1947 (Date rec'd by registrar) H R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 16 1947, at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Acute Coronary Disease

	DURATION
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. L. Dodson M.D. Medical Examiner for Cecil County

M. D. or other

Address: Rising Sun Md Date signed: 11/15-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09949

55d

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Union Hospital
How long in hospital or institution? 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 138 E. Eighth Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: George I Grant
3.(b) Social Security Number: 218-05-0495

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Emma Grant
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): March 26, 1889

8. AGE: Years	Months	Days	If less than one day
58	6	10	....hrs. ....min.

9. Birthplace: North East, Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Joseph Grant
13. Birthplace: North East, Md
MOTHER 14. Maiden name: Louisa Moore
15. Birthplace: North East, Md.
16. Informant: Mrs. Emma Grant-wife
Address: Elkton, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9 1947 (month) (day) (year)
Cemetery or crematory: North East M.E
Location: North East Md
18. Funeral director: H. Tippin
Address: Elkton, Md
19. Nov 8 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 6 1947 at 4 45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1947 to November 6 1947 and that I last saw him alive on November 5 1947

Immediate cause of death	DURATION
Carcinoma of the right antrum	7 Months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: I Ralph Jones M. D.
M. D. or other
Address: 237 E. Main St. Elkton Md. Date signed 11/9/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09950

94a

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 days

Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 99 Fitzwater Street
(If rural, give LOCATION)

2.(a) If veteran, name war: WW-I

3.(a) FULL NAME: HAYWARD, Andrew D.

3.(b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife: Mrs. May Hayward

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 22, 1892

8. AGE: Years	Months	Days	If less than one day
55	4	17	..... hrs. ..... min.

9. Birthplace: Wicomico County, Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 9, 1947 (month) (day) (year)

Cemetery or crematory: Tyaskin Cemetery

Location: Tyaskin, Maryland

18. Funeral director: Pennington & Son

Address: PENNINGTON & SON, Havre de Grace, Md.

19. Nov 9 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9, 1947, at 4:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11, 1947, to November 9, 1947 and that I last saw him alive on November 9, 1947

Immediate cause of death	DURATION
Coronary thrombosis	10-12 hours
Due to: Arteriosclerosis, generalized	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Prostatic hypertrophy ..... Date of op. .....

Autopsy results: Coronary thrombosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of .....

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: James L. Garey

Address: VA HOSPITAL, Perry Point, Md. Title: JAMES L. GAREY, M.D., Actg. Clin. Director

Date signed: 11-9-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09951

54b

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville, Rural 9
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Perryville Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Old Telegraph
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Lula M. Jackson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B.(b) Name of husband or wife: Edward Jackson
B.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): July 2, 1888.

8. AGE: Years	Months	Days	If less than one day
59	4	2	hrs. min.

9. Birthplace: Port Deposit Cecil, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Lewis A. Ewing
13. Birthplace: Cecil Co. Md.
MOTHER 14. Maiden name: Eliza Montgomery
15. Birthplace: Cecil Co., Md.
16. Informant: Edward Jackson
Address: Perryville, Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 6 1947 (month) (day) (year)
Cemetery or ~~crematory~~: Asbury
Location: Port Deposit, Md. Rural
18. Funeral director: Lee A. Patterson & Son
Address: Perryville, Md.
19. Nov. 6 1947 (Date rec'd by registrar) Irma E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 4 1947 at 7:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1947 to Nov. 1947
and that I last saw h.. alive on Oct 30 1947

Immediate cause of death	DURATION
Carcinoma of Brain	5 Yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw, M. D. or other
Address: Perryville Md. Date signed 11/6/47

09952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:
County: Cecil
City or town: Charlestown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Charlestown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Thomas F. Lavine

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Margaret Jane Levine
6.(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): Oct 12 1873

8. AGE:

Years	Months	Days	If less than one day
74	—	10	...hrs. ...min.

9. Birthplace: Norwood Mass
(Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business: —

FATHER
12. Name: Anthony Levine
13. Birthplace: Vermont

MOTHER
14. Maiden name: Roseanna Marcin
15. Birthplace: Ireland

16. Informant: Jennie May Ott
Address: 414 Erie Street Camden N.J.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 5, 1947 (month) (day) (year)
Cemetery or crematory: Methodist
Location: North East Maryland

18. Funeral director: Joseph R. Grant
Address: North East Md

19. 11-4 (Date rec'd by registrar) 1947 Lida E. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 1 1947 at 5.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 1946 to Nov 1 1947
and that I last saw him alive on November 1 1947,

	DURATION
Immediate cause of death: Cerebral Haemorrhage	Instant
Due to: Hypertension	10 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

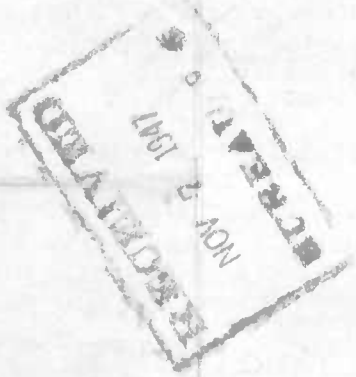
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw M. D. or other
Address: Elkton Md Date signed: 11/3/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M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NOV 2 1941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1952 09953

CERTIFICATE OF DEATH

Reg. Diat. No. 95

1. PLACE OF DEATH:
County: Cecil
City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48 hours
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Charles Turner McNutt

3.(b) Social Security Number: 167-14-4220

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 10 1888

8. AGE: Years	Months	Days	If less than one day
59	11	4	..... hrs. ..... min.

9. Birthplace: Rising Sun, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: James Alexander McNutt
13. Birthplace: Rising Sun, Md.

MOTHER
14. Maiden name: Annie Amelis Phillips
15. Birthplace: Rising Sun, Md,

16. Informant: David McNutt
Address: Nottingham , Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19. 1947 (month) (day) (year)
Cemetery or crematory: West Nottingham
Location: Nor Colora. Md.

18. Funeral director: J. E. Tyson
Address: Rising Sun. Md.

19. Nov 18 1947 (Date received by registrar) E. Worthington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14 1947, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Exposure	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: P. L. Dorsey M.D. Medical Examiner for Cecil County
M. D. or other
Address: Rising Sun, Md. Date signed 11/17-47

Permit issued 11-18-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

09954

CERTIFICATE OF DEATH

Reg. Diat. No. 9

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, Institution, or street address where death occurred: Union Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Chesapeake City

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Larry Moore

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 22, 1946

8. AGE:

Years	Months	Days	If less than one day
1	4	14	..... hrs. ..... min.

9. Birthplace: Elkton (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: Howard E. Moore

FATHER — 13. Birthplace: Chesapeake City,

MOTHER — 14. Maiden name: Alice Jordan

MOTHER — 15. Birthplace: Elkton, Md

16. Informant: Mr. Howard Moore

Address: Chesapeake City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 8, 1947 (month) (day) (year)

Cemetery or crematory: Bethel

Location: Near Chesapeake City, Md

18. Funeral director: H. W. Lippin

Address: Elkton, Md

19. Nov 7 1947 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 5 1947 at 9 10 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1947 to ..... 19..... and that I last saw him alive on Nov. 5 1947

Immediate cause of death	DURATION
Intracranial Hemorrhage	
Due to: Contusion to chin and forehead.	Oct. 31, 1947
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Oct. 31st 1947

Where did injury occur? Chesapeake City (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Fell from Chair Injured at work? No

23. SIGNATURE: Dr. Lloyd H. Brooks, M.D. M. D. or other

Address: Deputy Medical Examiner Elkton, Md. Date signed: Nov 5, 1947

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1310 pr

Reg. Dist. No. 09955 96

1. PLACE OF DEATH:

County: CECIL

City or town: PERRYVILLE, MARYLAND

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months

Hospital, Institution, or street address where death occurred:

VAH, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MARYLAND County: BALTIMORE

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3213 Leverton Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war: WW-I ✓

3. (a) FULL NAME: AUBREY PETTY

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Blanche Petty

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): September 14, 1888

8. AGE: Years	Months	Days	If less than one day
59	1	28	____ hrs. ____ min.

9. Birthplace: Alexandria, Va. (Town, county, and state)

10. Usual occupation: Unemployed

11. Industry or business:

FATHER — 12. Name: Unknown

13. Birthplace: Deceased

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Deceased

16. Informant: Hospital Records

Address: VAH, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 11-13-47 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Maryland

18. Funeral director: Pennington & Son

Address: Havre de Grace, Maryland

19. Nov. 13 1947 (Date rec'd by registrar) Thomas E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12 1947 at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1947 to Nov. 12 1947 and that I last saw him alive on Nov. 12 1947

Immediate cause of death	DURATION
Uremia	3 mos.
Due to: Nephrosclerosis	Unknown
Due to:	
Other conditions: Essential Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: Rt. renal adenoma; bronchopneumonia

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of: --

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work? ____

23. SIGNATURE: V. J. COVALESKY, M.D., Clin. Dir. (Actg.)

Address: VAH, Perry Point, Md. Date signed: 11-13-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09956

CERTIFICATE OF DEATH

B

Reg. Diat. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: North East Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Penna. County:

City or town: Rogersford
(If outside city or town limits, write RURAL and give nearest town)

Street No. 119-2nd Ave
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Francis Irvin Griggs

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Charlene Ross Griggs

6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): Oct 3 1901

8. AGE:

Years	Months	Days	If less than one day
46	1	5	..... hrs. ..... min.

9. Birthplace: Birch Run, Va.
(Town, county, and state)

10. Usual occupation: Medical Salesman

11. Industry or business:

FATHER
12. Name: Irvin Griggs
13. Birthplace: Penna

MOTHER
14. Maiden name: Ora Bechtel
15. Birthplace: Penna

16. Informant: Mrs Francis I. Griggs
Address: North East, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 11 1947 (month) (day) (year)

Cemetery or ~~crematory~~: Brownback

Location: Chester Co Penna

18. Funeral director: Joseph R. Grant

Address: North East Md

19. 11-8-1947 (Date rec'd by registrar) Lisa V. Evans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8 Nov. 1947 at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1946 to 8 Nov 1947 and that I last saw him alive on 8 Nov. 1947

Immediate cause of death	DURATION
Coronary Occlusion	12 hours
Due to	
Due to	
Other conditions: Angina Pectoris	14 months

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Klaus H Huebner M.D.
M. D. or other

Address: North East, Md Date signed: 8 Nov. 47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46d

09957

Reg. Diat. No. 94

1. PLACE OF DEATH:
County: Cecil
City or town: North East
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD County: Cecil
City or town: NORTH EAST
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME JACOB SADOWSKY

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	MARRIED

6.(b) Name of husband or wife: FANNIE
6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): JAN. 10, 1888

8. AGE: Years	Months	Days	If less than one day
59	9	25	hrs. min.

9. Birthplace: RUSSIA (Town, county, and state)
10. Usual occupation: Merchant
11. Industry or business
FATHER 12. Name: NATHAN SADOWSKY
13. Birthplace: RUSSIA
MOTHER 14. Maiden name: ELAINE SADOWSKY
15. Birthplace: RUSSIA
16. Informant: FANNIE SADOWSKY
Address: NORTH EAST, MD.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov 4 1947 (month) (day) (year)
Cemetery or crematory: Mt Lebanon on Phila Pa
Location: Phila Penna
18. Funeral director: Joseph R. Grant
Address: North East Md
19. 11-4 1947 (Date rec'd by registrar) Lois V. Evans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4 Nov. 1947 at 7 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947 to Nov 1947
and that I last saw h.i.m. alive on 4 Nov. 1947

Immediate cause of death	DURATION
Carcinoma of the Stomach	4 mos.
Due to	
Due to	
Other conditions: Mild Diabetes Mellitus	15 yrs.

(Include pregnancy within 3 months of death)
Major findings of operations: Carcinoma of the Stomach Date of op 30 July 47
Autopsy results: Not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

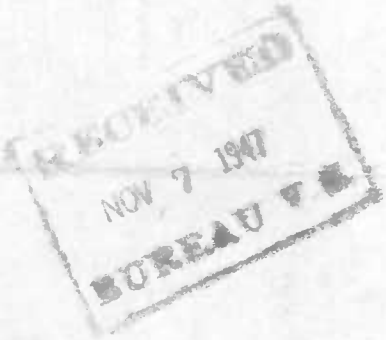
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. H. Sadowsky M.D. M. D. or other
Address: Perryville Md. Date signed: 4 Nov 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

09958

CERTIFICATE OF DEATH

Reg. Diat. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: Holloway Branch, Charlestown md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Charlestown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Lillian E. Scarborough

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Clarence Scarborough

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 11 1904

8. AGE:

Years	Months	Days	If less than one day
43	2	8	..... hrs. ..... min.

9. Birthplace: Wilmington, Delaware
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: George Winkler

13. Birthplace: New York N.Y

MOTHER

14. Maiden name: Margaret Sanderson

15. Birthplace: England

16. Informant: Mrs Margaret Rambo

Address: 5 Locust Ave., Elmhurst Delaware

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 22 1947 (month) (day) (year)

Cemetery or crematory: Silverbrook

Location: Wilmington, Delaware

18. Funeral director: Joseph R Grant

Address: North East, Md.

19. 11-19-1947 (Date rec'd by registrar) Lida E. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 19 Nov. 1947 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1946 to 19 Nov 1947 and that I last saw h.e.r alive on 19 Nov 1947

Immediate cause of death	DURATION
Generalized Carcinomatosis	
Due to: Breast Carcinoma	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. H. Sadowsky M.D. M. D. or other

Address: Perryville, Md. Date signed: 19 Nov '47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

08984

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred: 116 Hollingsworth Manor
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Virginia County: Wythe Co
City or town: Fairview (If outside city or town limits, write RURAL and give nearest town)
Street No. — (If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME: Mazie Alice Slable

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife —
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan 4 1880

8. AGE:

Years	Months	Days	If less than one day
67	10	6	hrs. min.

9. Birthplace: Flat Ridge Virginia (Town, county, and state)
10. Usual occupation: none
11. Industry or business —

FATHER
12. Name: Isaac Clark
13. Birthplace: Virginia

MOTHER
14. Maiden name: Zelpha Cole
15. Birthplace: Virginia

16. Informant: Mrs Theo O Shade
Address: 116 Hollingsworth Manor. Elkton Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov 11-1947 (month) (day) (year)
Cemetery or crematory: Fairview. Virginia
Location: Rural Retreat. Virginia

18. Funeral director: Joseph R Frazer
Address: North East Md

19. Nov 11 1947 (Date rec'd by registrar) J R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10 1947, at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6 1947, to November 10 1947 and that I last saw h-er alive on November 9 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: James L Johnson M D (M. D. or other)
Address: Elkton, Md Date signed Nov 10, 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

09959

CERTIFICATE OF DEATH

Reg. Diat. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 82 yrs.

Hospital, institution, or street address where death occurred: North St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil

City or town Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No. North St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph Hooker Sloan

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Married

6.(b) Name of husband or wife Lulu Sloan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 21 1864

8. AGE: Years	Months	Days	If less than one day
83	3	4	..... hrs. ..... min.

9. Birthplace Phila, Pa

(Town, county, and state)

10. Usual occupation Mobile

11. Industry or business

MOTHER FATHER

12. Name David L. Sloan

13. Birthplace Pa.

MOTHER

14. Maiden name Joanna Michael

15. Birthplace Pa.

16. Informant Mrs Lulu Sloan

Address Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 29 47 (month) (day) (year)

Cemetery or crematory Elkton, Cem.

Location Elkton, Md.

18. Funeral director H W Lapsins

Address Elkton, Md

19. Nov 28 1947 (Date rec'd by registrar) F R Brazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1947, at 5-01 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925, to Nov. 26 1947

and that I last saw him alive on Nov. 25 1947

	DURATION
Immediate cause of death: Cerebral Hemorrhage	11/23/47
Due to: Chronic Endocarditis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE J Herbert Bates M.D.

M. D. or other

Address Elkton Md Date signed 11/26/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48a

CERTIFICATE OF DEATH

Reg. Diat. No. 09964

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: North East Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary C. Smith

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Samuel Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 1 1892

8. AGE:

Years	Months	Days	If less than one day
55	10	23	..... hrs. ..... min.

9. Birthplace: North East Cecil Co Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: John R. Kenley Moffett

FATHER — 13. Birthplace: North East Md

MOTHER — 14. Maiden name: Clara Harris

MOTHER — 15. Birthplace: Principio Md

16. Informant: Mrs J. Kennard Blake

Address: North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 26 1947 (month) (day) (year)

Cemetery or crematory: North East Methodist

Location: North East Md

18. Funeral director: Joseph R. Grant

Address: North East Md

19. 11-26 1947 Lena V. Evans

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 24 Nov. 1947 at 5:32 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1946, to 24 Nov. 1947

and that I last saw h.r alive on 24 Nov. 1947

Immediate cause of death: Carcinoma of the Cervix — DURATION: 2 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Klaus H Huebner M.D. (M. D. or other)

Address: North East, Md Date signed: 26 Nov. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09961

Reg. Diat. No. 96

1. PLACE OF DEATH:

County: CECIL

City or town: PERRY POINT, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 yrs. 6 mos. 2 das.

Hospital, Institution, or street address where death occurred:
VAH, Perry Point, Md.

How long in hospital or institution? 26 yrs. 3 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pennsylvania County: Allegheny

City or town: Pittsburgh
(If outside city or town limits, write RURAL and give nearest town)

Street No. 238 S. Evaline Street
(If rural, give LOCATION)

2.(a) If veteran, name war: World War I

3.(a) FULL NAME: NATHAN M. SMITH

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: --

6.(c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): April 27, 1887

8. AGE:

Years	Months	Days	If less than one day
60	6	20	...hrs. ...min.

9. Birthplace: Clarion, Penn.
(Town, county, and state)

10. Usual occupation: Unemployed

11. Indusfry or business:

FATHER
12. Name: William Smith - deceased
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Mary Myers -
15. Birthplace: Pennsylvania

16. Informant: Hospital Records

Address: Perry Point, Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof 11-18-47 (month) (day) (year)

Cemetery or crematory: Grove Hill Cemetery

Location: Oil City, Pennsylvania

18. Funeral director: Cunningham & Son

Address: Havre de Grace, Md.

19. Nov. 18 1947 (Date rec'd by registrar) Irene E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17 19 47 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 19 28 to Nov. 17 19 47 and that I last saw him alive on November 17 19 47

Immediate cause of death	DURATION
Peritonitis, diffuse	23 days
Due to: Ulcer, ruptured, gastric	23 days
Due to:	
Other conditions: Tuberculosis, pulmonary	
Peritonitis, tuberculous	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results: Confirms above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: --

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: Injured at work?

23. SIGNATURE: V. J. COVALESKY, M.D., ACTG. CLIN. DIRECTOR

Address: VAH, Perry Point, Md. Date signed: 11-18-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09962

526 JP

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: CECIL

City or town: PERRYVILLE, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs. 1 mos. 27 das.

Hospital, Institution, or street address where death occurred:
VAH, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Delaware County: New Castle

City or town: Wilmington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 208 E. 6th St.,
(If rural, give LOCATION)

2.(a) If veteran, name war: WW-I ✓

3. (a) FULL NAME: WILLIAM P. STAFFS

3. (b) Social Security Number:

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Male	White	Separated

6.(b) Name of husband or wife: Unknown

6.(c) If alive, give age: —

7. Birth date of deceased (mo., day, yr.): July 1889

8. AGE: Years	Months	Days	If less than one day
58	4		hrs. min.

9. Birthplace: Bulgaria
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Stampul P. Staffs
13. Birthplace: Bulgaria

MOTHER
14. Maiden name: Mary Staffs
15. Birthplace: Bulgaria

16. Informant: Hospital Records
Address: Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 11-12-47 (month) (day) (year)
Cemetery or crematory: Baltimore National Cemetery
Location: Baltimore, Maryland

18. Funeral director: Pennington & Son
Address: Havre de Grace, Md.

19. Nov. 12 1947 (Date rec'd by registrar) Irene E. Dunfee Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12 19 47 at 10:20 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 3 19 47 to 11-12 19 47
and that I last saw him alive on 11-12 19 47

Immediate cause of death	DURATION
Carcinoma of the bladder	11 mos.
Due to	
Due to	
Other conditions: General Paralysis of the Insane	20 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: V. J. Covalesky

V. J. COVALESKY, M.D., Actg. Clin. Dir.
Address: VAH, Perry Point, Md. Date signed: 11-12-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1242

09963

CERTIFICATE OF DEATH

Reg. Dist. No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Cecil

City or town: Chesapeake City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Chesapeake City

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary A Stradley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: Thos J Stradley

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Jan 3 1882

8. AGE:

Years	Months	Days	If less than one day
65	10	21	hrs. min.

9. Birthplace: Chesapeake City Md (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business

MOTHER FATHER

12. Name: James H Wharton

13. Birthplace: Galena Md

14. Maiden name: Anna Borum

15. Birthplace: Chesapeake City Md

16. Informant: Thomas J Stradley

Address: Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 28 1947 (month) (day) (year)

Cemetery or crematory: Bethel Cemetery

Location: Chesapeake City Md RD

18. Funeral director: H L Phipps

Address: Elkton. Md

19. Nov 27 1947 Mrs Estelle H Reed Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25 1947 at 12 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1947 to Nov. 25 1947 and that I last saw him alive on Nov 24 1947

Immediate cause of death	DURATION
Acute Cardiac dilatation	10 minutes
Due to: Chronic Myocarditis	4 years
Due to:	
Other conditions: Chronic Nephritis	4 years

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H J Davis M D M. D. or other

Address: Chesapeake City Md. Date signed: 11/26/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a 09964

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: CECIL

City or town: PERRY POINT, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mos. 20 das.

Hospital, institution, or street address where death occurred:
VAH, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: ST. MARYS

City or town: Piney Point
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: WW-I

3.(a) FULL NAME: JOHN THOMAS TAYLOR, JR.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): January 3, 1889

8. AGE:

Years	Months	Days	If less than one day
58	10	12	....hrs. ....min.

9. Birthplace: Galveston, Texas
(Town, county, and state)

10. Usual occupation: Mechanic

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: VAH, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 11-19-47 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Maryland

18. Funeral director: [illegible]

Address: Havre de Grace, Md.

19. Nov. 19, 1947 (Date rec'd by registrar) Irma E. Daughaday Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15, 1947, at 2:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25, 1947, to Nov. 15, 1947, and that I last saw h.im alive on November 15, 1947.

Immediate cause of death	DURATION
Cerebral hemorrhage	48 hours
Due to: Hypertensive cardiovascular renal disease	Unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of --

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury -- Injured at work? ---

23. SIGNATURE: W. J. Covalesky

W.J.COVALESKY, M.D., Actg. Asst. Director

Address: VAH, Perry Point, Md. Date signed: 11-17-47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09965

92d

CERTIFICATE OF DEATH

Reg. Dist. No. 9C

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Perryville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Grace Pearl Watson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Joseph T. Watson
6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): April 10, 1905

8. AGE: Years	Months	Days	If less than one day
42	6	21	hrs. min.

9. Birthplace: Perryville, Cecil Co., Md.
(Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business

FATHER
12. Name: K. Frank Peters
13. Birthplace: Penna.

MOTHER
14. Maiden name: Alice P. Derr
15. Birthplace: Havre de Grace, Md.

16. Informant: Joseph T. Watson.
Address: Perryville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10, 1947 (month) (day) (year)
Cemetery or crematory: Principio
Location: Principio Furnace, Cecil Co., Md.

18. Funeral director: Wm A. Patterson & Son.
Address: Perryville, Md.

19. Nov. 10 1947 (Date rec'd by registrar) Irma E. Dougherty (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1 1947, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1st 1947, to Nov. 1 1947
and that I last saw h[illegible] alive on Nov 2nd 1947

Immediate cause of death	DURATION
Chronic Ulcerative Colitis	1 yrs.
Due to Arteriosclerosis	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. F. Magraw M. D. or other
Address: Perryville Md Date signed 11/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15